the attending physician and campletely filled way the funeral director. Then please remove carban popers. Pages 1 and 2 shauld be filed with may be eximed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban popers. Pages 1 the State Board of Health prior to burial, cremation, ar removol, and in any event, within 72 hours after death... OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

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Turs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 393 CERTIFICATE OF DEATH

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	o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE MARYLAND D. COUNTY CAlvect
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION CA lunt County Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Teving Hulchuns Catterton last OF DEATH JAN 7 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 8. DATE OF BIRTH White WIDOWED DIVORCED JAn 19 1878 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. F2 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARY And 13. FATHER'S NAME
1	FRANKLIA CAHERTON Catterton Elizabeth Gott
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yos. no. as-upknown) (If yos. give war or dates of service) Alice K CAttenton, Owing. Web.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under: Jying couse last. DUE TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES ON CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH USE OF CONTRIBUTING CAUSE OF DEATH
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of work
	21. I certify that (I) (this haspital attended the deceased from J. J. 1960, to J. 1961, that (I) (we) last sow the deceased alive on J. 1961, and that death accurred at 1961, and the causes and an the date stated above. 220. SIGNATURE ATTENDING DIRECTOR STAFF PHYS. J.
	230. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (State) Burial Jan. 10,1961 Mt. Harmony Cemetery Near Owings, Maryland 24 ODERAN DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE
1	Hulchuis Juneral Home Olivings M.C. DATE JAN 10'61 arthur S. Kraus

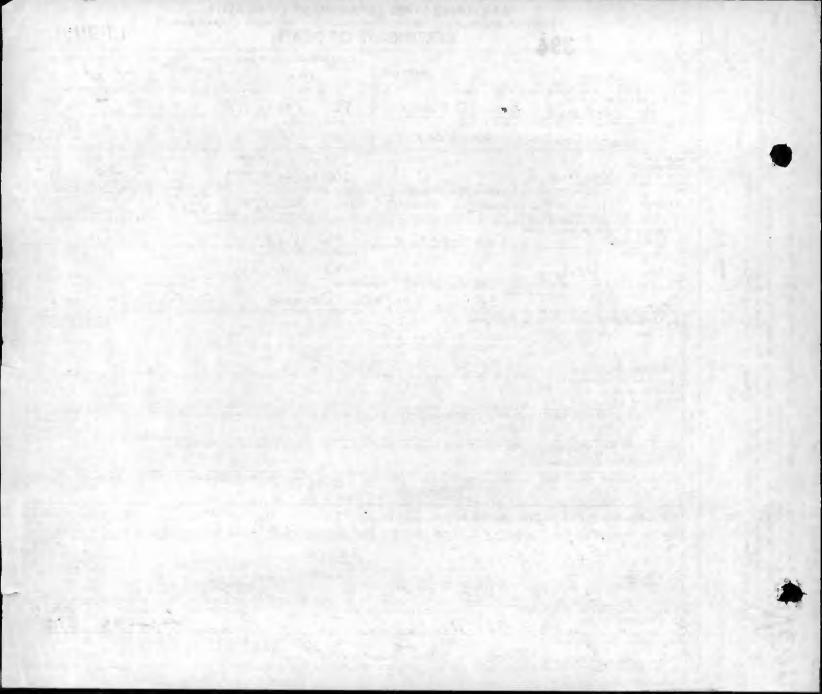
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 20%

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V	PLACE	OF DEATH	ient		MARYL		O. STATE	Where deceased	d lived. If institution b. COUNTY	CA/V	before admiss	ian)
_	b. CITY	Y OR TOWN (II	autside carporate l	mits, write c.	LENGTH OF STAY IN		C. CITY OR TOWN II	descick		URAL and giv	e nearest town	1)
4	OR OR	ME OF HOSPIT.	AL (If not in hospital	1 11	1.1		d. STREET ADDRESS					FARM?
2		SED ,	VAlter	First	Middle D		DRESSER	4. DATE OF DEATH	Mon	•		Year 4 /
		Ale	6. COLOR OR RAC	WIDOWED				1880	9. AGE (In years lost birthday) 8 pyrs.	Months D	YEAR IF UND	Min.
/	durin	Refixed	ing life, even if retir	ed)	TRACTOR	7	New Yek	k	ountry)		5a	OUNTRY?
	13. FATHE	Henry	Dresser				4. MOTHER'S MAIDEN	CUITE				
/	15. WAS I		R IN U. S. ARMED F If yes, give war or dates		0-16-875	SAdi	. ~	K	Ple FRE	4	- , /21	4
	18. (TH [Enter only one TH WAS CAUSED B IMMEDIATE CAUSE	1 /6	for (a), (b), and (c).]	into	ris -				INTERVAL BI	
	gov	nditions, if and the rise to its se (a), stating and couse lost.	mmediate ((b). C	Ca 2/	ken	date >					
	CATION		HER SIGNIFICANT CO	(c)ONDITIONS_COM	NTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PART	PERF	AUTOPSY DRMED?
0	OR COR COR	ACCIDENT WAS CONTRIBUTING THER, NOTIFY	S UNDERLYING A CAUSE OF DEA' MEDICAL EXAMINE	20b. DESCRI	BE HOW INJURY OC	CURRED. (Enter nature of injury	in Part I or Par	rt II af item 18.)			
	WEDICA 20c. I	TIME OF INJUR Haur a.m. p.m.	Y Manth, Doy,	Year 20d, INJU While at work [_ Nat while _		OF INJURY (Hame, for y, street, office bldg.,		y ar tawn)	(Co	unty)	(State)
	saw		ed alive an	lai) attended for 20 Place	the deceased f		th occurred at 6.	MED.	the causes ar			
		PHYSICIAN'S NAME (Type)	Rd0	VICE	9 RRED	~_	22d. ADDRESS	54	Lena	w		
		IAL, CREMATIC OVAL (Specify)		3, 196 /	23c. NAME OF CEME	TERY OR C	REMATORY	Prin	TION (City, town,	elenie	A, Usto	ie)
1	24. FUNE	3. Hai	SSMATURE	Then	- Mull	unt	Just DATE	SAN REGIS	TRAR 25b. REG	Istrar's sigi	There	



by be direct by the haspital or attending physician.

**UNE: At DIRECTOR: After this certificate has been signed by the attending physician and completely fittle by the funeral director, ge 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with a registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSP	TO FUNE	page 3 s
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 395 CERTIFICATE OF DEATH

Reg. Dist. No. 66393

								-			-
1. PLACE OF DEATH a. COUNTY Ca	lvert	CLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY Maryland Calvert								
	If outside carporate limit	s, write	c. LENGTH OF STAY		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)						
d. NAME OF HOSPI OR INSTITUTION	d. NAME OF HOSPITAL (IF not in haspital, give street address) OR INSTITUTION					/ d. STREET ADDRESS •. IS RESION A					
	At Home				ļ					YES DE	NO 🗆
3. NAME OF DECEASED (Type or print)	EMMA	il	Middle E.		RDESTY	4, DATE OF DEATH	Januar		29	•	Year 19 61
5. SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE		-	ER 24 HRS.
Female	white	WIDOWI	DIVORCE	D 🔲	Feb. 18, 18	884	76 yn.	Manths 11	Days	Hours	Min;
Housew:	king life, even if retired		KIND OF BUSINESS O	OR INDUS	Maryland	l	ountry)	12. CI	TIZEN C	OF WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
	y Hardesty				Mary Alie	e Ogd					
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT		Add				
					Mrs. Oliver	Hutch	ins, Owi	ngs,	Ma	ryla	ald .
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	11	ne for (o), (b), and (c)	ا و	fache	u				ERVAL BE	
Conditions, if o	ony, which) (b				/						
gove rise to i couse (a), stating lying couse last.	mmediate (DUSTO										
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20c, TIME OF INJUS Haur a. m. p. m.	RY Month, Day, Yes 19	While	NJURY OCCURRED Nat white	20e. Pt.	ACE OF INJURY (Home, Form tory, street, office bldg., alc	20f. (City	for town)	0	(County)	ent	(Stote)
21. I certify the	not I ottended the	deceas		deoth	/ 1956, to / occurred of / 1.05	/2-7/4 PM. from	n the causes	-			decease
ACTUAL SIGNATURE	+ W 4	la	rd			# ·	reel, city or town,		4	1/3	ATE SIGNE
PHYSICIAN'S NAME (Type)	H.W.	W	ARD		· ************************************		0				
220. BURIAL, CREMATIC REMOVAL (Specify Burial		961	Mt. Harm		Cemetery		Owings.			(Stot	le)
23. FUNERAL DIRECTOR		0 ;	ADDRESS /	vily,		D BY REGIST					
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1		MAKILAND STATE DEPARTMENT OF HEALTH—DALITMOKE, 10
d be	~	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. (1) 394
shoul	(M)	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE Where deceased lived. If Institution, Residence before admissions o. COUNTY MARYLAND D. COUNTY MARYLAND
Poge buriol,	0	b. CITY OR TOWN IN outside corporate limits, write RURAL ond give nearest lawn)
ector.	V	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
r your registror	^	3. NAME OF DECEASED (Type or print) Carliel M Middle Christian (A. DATE Month Doy Year OF DEATH / 9 19 6
# 2 # # # # # # # # # # # # # # # # # # #		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTYS OF BIRTY
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oges 1, 2, le 5 may l poges 1 a	(1)	13. FATHER'S NAME Lawre pluson lack a lawret
Pog =		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY [You, no, or unknown] Ill you, give war or dynes of service) 16. SOCIAL SECURITY NO. 17. INFORMANY
rm P.M3. permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
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nding" in		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMEDS YES NOT
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the word icol Exom 3 should		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PIACE OF INJURY (Home, farm, Indicatory, street, affice bldg., etc.) While Nat white at work at work.
writing the		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted from: Natural causes/ Accident, Suicide, Hamicide, Undetermined cause
ficote, the Ch	1	ACTUAL # 1 / / DATE SIGNED
orworded to the Chief FUNERAL DIRECTOR:	4	SIGNATURE A.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1/9/20
forwor Forwor TO FUN		220. (BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
S. A15ME(S)	Ro	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE AND 12'61 OUTLINE S. PLANTA
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M IO HO. TAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

Solution of the death of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compliment littled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then perfect carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

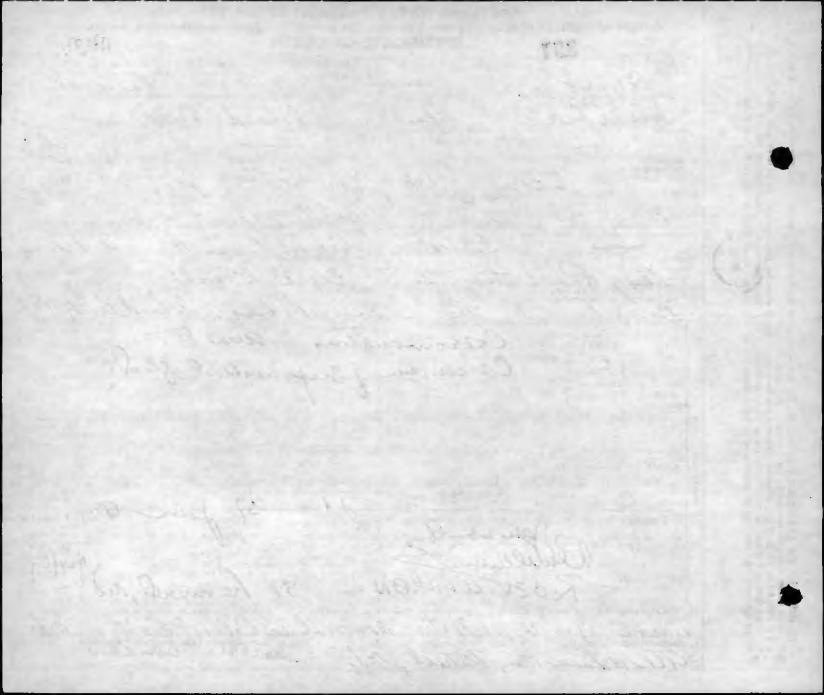
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 397 60395

/ 1.		and the same of th
	. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission)
	a. COUNTY A	e. STATE - b. COUNTY A
	Claret MARYLAND	mel lelesall
-	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL and give neartist town)	
	Island brooks. Life	1 6 0 . 1 . (/see/al
		- Island succes
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
		ON A FARM?
VI		YES NO
3	. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	DECEASED	//: T OF
	(Type or print)	Nino Jr. DEATH (Ra 23 1961
- 5	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ľ	6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED	
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_		aller 8, 1946 14 yrs.
	08. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR	Y MI. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
1 '	done during most of working life, even if relired)	100116 + 0.1 71 16
	V Tideal	Calvard Lound 180. 4. J.C.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Da 1 1 1 12	22 2 11
	Laron Kalph Tines le	(Vale of Others)
1	5. WAS DECEASED EVER IN U.S. APMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
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	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
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	Po #= + NULTO **	
	DUE TO COL	1000
	Conditions it has subject to the CARAMANIA	
	Conditions, if any, which (b)	I se prevenent you
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TACIGRA W	geve rise to immediate couse (a), stating the underlying DUE TO couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While at work of w	DRECTOR DIRECTOR PHYS. CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) PERFORMED?



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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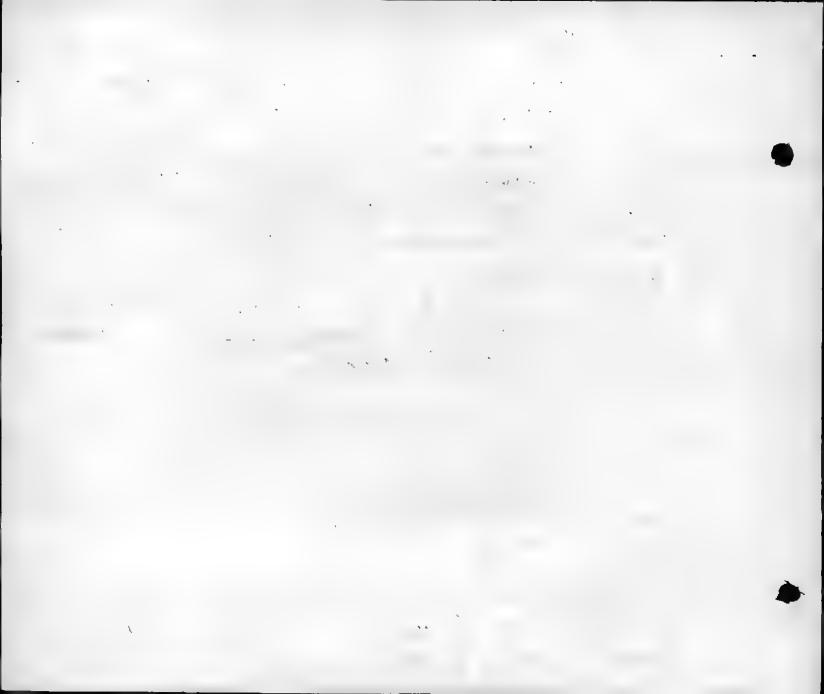
a. COUNTY		*******	a. STATE		OUNTY Residence	before admission)
CAL	-VERT	MARYLAND	Md	•	PRINC	6 GCOYGE
b. CITY OR TOWN (If autside in RURAL and give nearest low		NGTH OF STAY IN 16	5 CITY OR TOWN (IF	LAND	write RJRAL and giv	re nearest lawn)
d. NAME OF HOSPITAL (IF not OR INSTITUTION		to me	d. STREET ADDRESS		15 X-	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	T. I aug	Middle	Last Last	4. DATE OF DEATH	Manth	Day Year
	OR OR RACE 7 MARRIED	NEVER MARRIED 3	B. DATE OF BIRTH	9 AGE (II	a veget IF UNDER 1	196 / YEAR IF UNDER 24 HRS.
MALE W	hite WIDOWED R	DIVORCED	MARCH 23	1872 last bir		ays Hours Min
100 LSUAL OCCLPATION (Give during most of working life, e	kind of work done 10b. KIND (FRUEL	FARMER	TRY 11. BIRTHPLACE (Sigle	ar fareign country)	12. CITIZE	S.A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN N	NAME TO	****	
Edward	KURTZ		KATI	6 3		
IS. WAS DECEASED EVER IN U. S	war or dates of service)	ONE ME	FORMANT LS. I RENE 7	LOMASON	Address WAL DOE	EF Md.
PART I. DEATH WAS	DUE TO Allo	BRAL T	HROM B Beares	25/S		INTERVA. BETWEEN ONSET AND DEATH
ATIC	IFICANT CONDITIONS CONTRU	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND TI	ION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
20d. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	IOW INJURY OCCURRED). (Enter nature of injury in	Part ar Part II of item	18.)	
20c. TIME OF INJURY Month Hour a m. p. m.	While _ N		ACE OF INJURY (Hame, farm tary, street, affice bldg., etc		(Ca	unty) (State)
21 I certify that (I) (the saw the procedured alive	is haspital) attended the	- [-]	eath accurred at	M, fram the cau		, that (I) (we) last date stated abave.
220 SIGNATURA GIL	CIERA	,	ATTENDING M.D PHYS DI	ED STAFF		22b DATE S GNED
22c. PHYSICIAN'S NAME (Type)	E P. JE	77	22d ABONSS PRIN	CE FA	PEDER	10K
23a. BURIAL, CREMAT ON, 23b. REMOVAL (Specify)	DATE THEREOF 23c -23-6/	NAME OF CEMETERY OF	R CREMATORY	23d LOCATION (City	town, or county)	D. C.
24, FUNERAL DIRECTOR'S SIGNAT		ADDRESS	250 REC	D BY REGISTRAR 25	b, REGISTRAR'S SIGN	NATURE
The Hout + For	eval Home 4.	LALMOR	MA, DATE.	IAN 2 5 '61	Ci Jun 8	Knous

the attending physician and completely filled the funeral director. Then please remave carbon papers. Pages I and 2 should be filed with may be __ned by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pilleds 1 of the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 haurs offer death. VR A15 (4) 1SM 9/59

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPI



			ROO MEDIC	AL EXAMINER	'S CERTII	FICATE OF DI	Reg. D	ist. NdC () 3.9 5
		CE OF DEATH	wert	MARYLANG	O STATE	HENCE (Where deceased time	b. COUNTY	ence before admission)
	ь. (ITY OR TOWN (If outs and give represt fown)	ede corporale ismes, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside corporate	i limits, write RURAL and	give nearest town)
	d. I	NAME OF HOSPITAL	OR INSTITUTION (If not in	hospital, give street address)	d STREET	ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
7.4	-DE	ME OF CEASED on or print	man -	Stiddle Strong	Loss	4. DATE OF DEATH	/ Month	Day Year / 196/
	5. SEX	1//	WIDO	ARRIED NEVER MAKRIED	CLI	15/60 to	yn.	TYEAR IF UNDER 24 HRS. Days Hours Min.
	dur	ng most of working li	(Give kind of work done 16 te, even if retired)	06. KIND OF BUSINESS OR INDU	-	ACE (State or foreign country	y) 12. CIT	ZEN OF WHAT COUNTRY
	13. FA	THER'S NAME	1 my		14. MOTHER'S	MAIDEN NÂME	w,	
			N U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	How a	ul tougs.	Jr. Pr. Tre	wolank, his
	18	PART I. DEATH V	Enter only one cause per WAS CAUSED BY: MEDIATE CAUSE (o)	the for (o), (b), and (c).	70	nem		INTERVAL BETWEEN ONSET AND DEATH
		onditions, if any,						:
	(4	ove rise to immediate b), stating the und ouse last.						
	CATION	1/1	for a	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE CON	NOITION GIVEN IN PAIN	19. WAS AUTOPSY PERFORMED? YES NO L
•	1	G. EXTERNAL CAUSE IMARY DO CONTR LUSE OF DEATH.	WAS BUTING 206. DESC	CRIBE HOW INJURY OCCURRED.	(Enter noture of in	jury in Port I or Port II of ite	m)8.)	
	MEDICAL	Hour o.m.	V	Od. INJURY OCCURRED 20s. PL	ACE OF INJURY (I	flome, form, 20f. (City or to	lekine (3	inty) (Stota)
			I taak charge of thom: Natural coyse	ne remains described ab			ctian [], Inquir ermined cause []	,
**	A	CTUAL A	-6/6/2	ed -	ALD. CHIEF M	SEDICAL EXAMINER		DATE SIGNED
		AME (Type)				NT MEDICAL EXAMINER MEDICAL EXAMINER		1/22/6/
		JRIAL, CREMATION, EMOVAL (Specify)	226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, lown, or county)	(5rote)
	23. FU	NERAL DIRECTOR'S S	GNATURE	ADDRESS	it,	240. REC'D BY REGISTRAR DATEJAN 2 6 '61	24b. REGISTRAR'S SIG	GNATURE Kraud

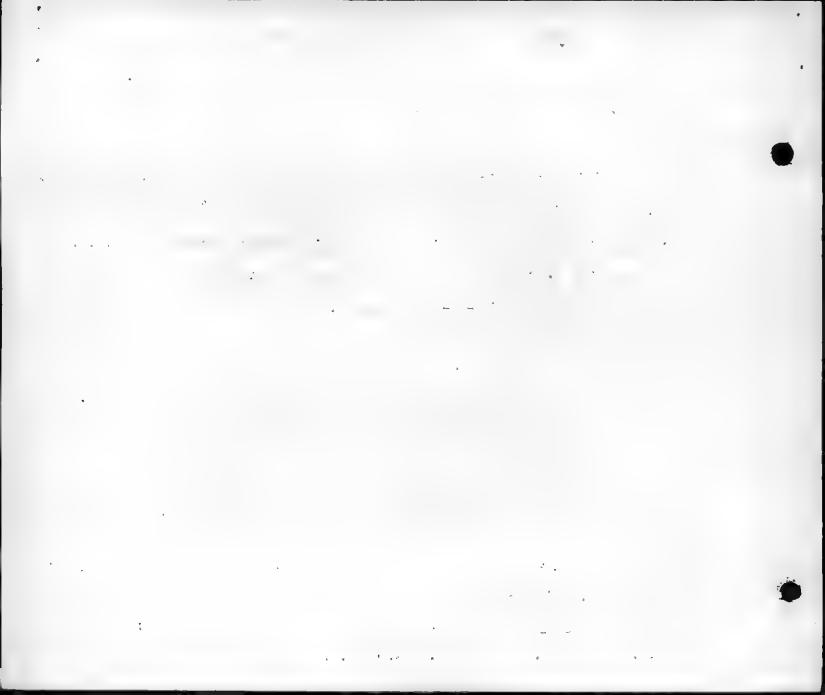
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 60398 **CERTIFICATE OF DEATH**

3.00	Keg. Dist. N	Ď.				
1 PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence bet o. STATE b. COUNTY	ore admission) •				
Calvert	Maryland Calver	44				
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
RURAL and give nearest town)						
Bristol 7 Years	Bristol					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO				
						
3. NAME OF BECEASED (Type or print) Mollie Faust Lovett (Overt 4. DATE Month of DEATH January 15th	Pay Year				
	Uanua V Isidi	R IF UNDER 24 HRS				
MAKKED A MEYER MAKKED	Pob 27-4 3000 lost birthday) Months Days					
Female White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRIES	Feb. 23rd 1886 74 yrs. Months Doys	OF WHAT COUNTRY?				
during most of working life, even if retired)	State (1) Biantin Engle (Stole of Ideolgia Country)	// WILL COUNTRY				
Clothing Inspector Industry	Lower Marlboro Maryland U.S	.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
James F. Faust	Rosa Lee Mattingly					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address					
370	ose E. Walton Bristol Maryland					
The state of the s		TERMAL RETINEED)				
18 CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	101	TERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	11-0-	4 who				
DUE TO A	1	7				
		11.6 1				
Ganditions, if ony, which gave rise to immediate (b)	accignancy c	engeneun.				
cause (o), stating the under- DUE TO	7. 1.	//				
lying cause lost. (c) Mullipe	a metastasec	Thisa				
	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a)					
		PERFORMED?				
		YES NO				
PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	D (Enter noture of injury in Part I or Port !! of item 18)					
3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f. (City or town) (County	y) (State)				
To Hour a m. While Not white fac	ctory, street, office bidg , etc.)	(arme)				
≥ p. m. 19 at work at work						
21. I certify that I attended the deceased fram _ / Aloc	= , 1960, to 15 year , 1961, that I last so	w the deceased				
alive on 14 Can 1967, and that death	accurred at 6.34 M from the causes and an the da	te stated ahave				
	ADDRESS (Street, city or fown, stote)	. DATE SIGNED				
ACTUAL OF THE STATE OF THE STAT	Salar Gradhan Chil	1-1				
SIGNATURE TO TASSCEN	M.D. If ther floriding Ind	13 you 4/				
PHYSICIAN'S						
NAME (Type) R.B. Sassger		·				
	CONTINUE 224 LOCATION (Ch. A.					
REMOVAL (Specify)		(Store)				
Burial 1-18-1961 Fort Linco	ln Bladensburg Maryla	na				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT					
W.W.Chambers Co. 517 11th St. S.E. W	lash. D.C. DATE JAN 18'61 Chilling S. 1	raceA				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY **b.** COUNTY 12 P MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) a. 15 RESIDENCE ON A FARM? YES NO X NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS. (In years | IF UNDER 1 YEAR) 7. MARRIED NEVER MARRIED b rib(tey) Months Deys Hours WIDOWED 10e. USUAL OCCUPATION (Give kind of work 106, KIND OF 12. CITIZEN OF WHAT COUNTRY? n country) shost of working life, even if retired) physi 13. FATHER please attending DECEASED EVER IN U.S. ARMED FORCES? 1 16, SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes a vewer or detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** geve rise lo immediale cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO . 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 15.) 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (State) While factory, street, office bldg., etc.) Not While Hour e.m. at work et work 196 21. I certify that (I) (this hospital) attended the deceased from (1) saw the deceased alive on..... 19 and that death occured at A.M. from the causes and on the date stated above. 220. SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23a. BURIAL, CREMATION, 23b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) MOVAL (Specify) 0 FUNERAL DIRECTOR'S MO 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4) DATEJAN 2 6 '61 15M 9/60 arthur S. Krous





24a. REC'D BY REGISTRAR

DATE JAN 4

61

24b. REGISTRAN'S SIGNATURE

arthur S. Kines

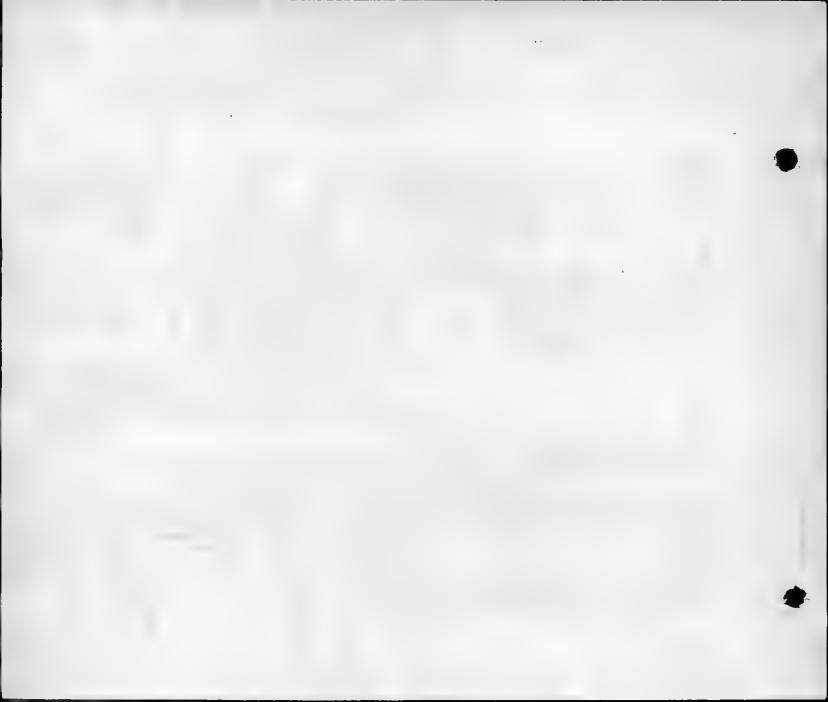
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VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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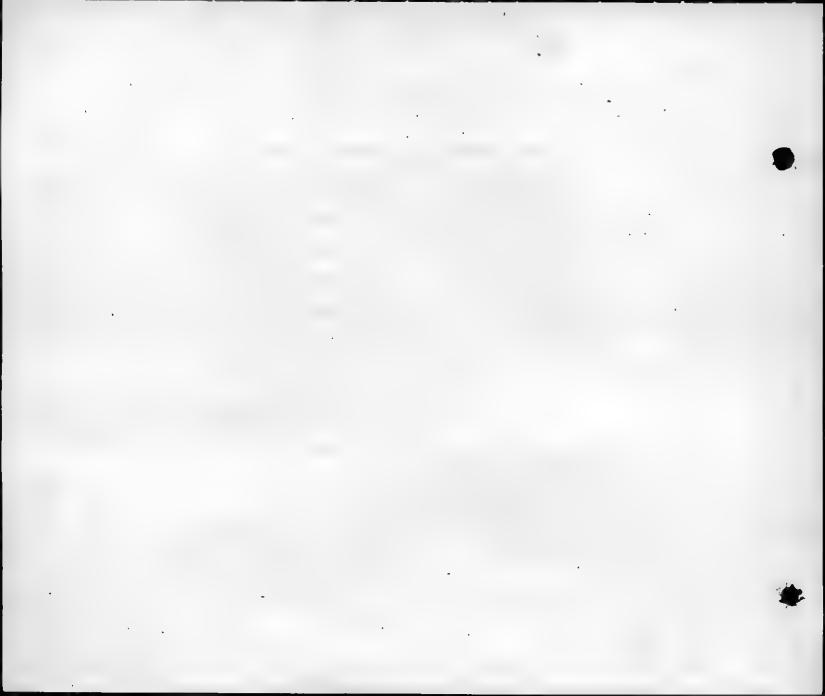
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c≣mple	papers.	iours off
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LIDEMECTOR After this certificate has been signed by the attending physic ould be detached for use as the buriol-transit permit. Then please remave shord be detached for use as the buriol-transit permit. Then please remave shord at Health prior to burial, cremation, or remaval, and in any event, with

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and softer death. Page 4

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PLACE OF BEATH						0 3 2 0 0
BURGE OF HOLDFIAL (is not in hospital, give street address) d. NAME OF HOLDFIAL (is not in hospital, give street address) 2. NAME OF HOLDFIAL (is not in hospital, give street address) 3. NAME OF HOLDFIAL (is not in hospital, give street address) 3. NAME OF HOLDFIAL (is not in hospital, give street address) 3. NAME OF HOLDFIAL (is not in hospital, give street address) 3. NAME OF HOLDFIAL (is not in hospital, give street address) 3. NAME OF DECEASED (is not continued address) 4. DATE OF BURH 5. SEX G. COLOR OR MART Marketo NAME OF BURGET NAME OF		MARYLAND				before admission)
d. NAME OF HOSPITAL (If not in hospital) give street address) 2. NAME OF HOSPITAL (If not in hospital) give street address) 2. NAME OF DECEASO (If you will not hospital) give street address) 3. SEX 3. COLOR OF RYST (If you will not hospital) give street address) 5. SEX 3. COLOR OF RYST (If you will not hospital) give you will not done lib. KIND OF BUSINESS OR INDUSTRY 1) BIRTHFFACE (State or foreign country) 1/2. CITIZEN OF WHAT COUNTRY? (If you will not done in the state of hospital give you will state or done in the young life you will not done in the young will not done in the young life y	RURAL and give nearest town)	LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corporate lim	20 /	re negrest town)
DEECHAED (Type or print) (Type	d. NAME OF HOSPITAL (If not in haspital, give street ad-	dress)	STREET ADDRESS		- Carrier	ON A FARM?
DEECHAED (Type or print) (Type	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Profestace.	<u> </u>	1		
No. USUAL OCCUPATION (Give kind ad work done) DIVORCED DIVOR	DECEASED	Middle	Cisten 50	OF	Jan.	3 1961
13. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for (o). (b). and (c). 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for (o). (b). and (c). 18. CAUSE OF DEATH Enter only one course per line for (o). (b). and (c). 19. and 10. 19. and 10. and 10. 19. and			B. DATE OF BIRTH		birthdoy) Months D	
13. MAS DECEASED EVER IN U. S. ARMED FORCES? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Lenter only one cause per line for (o). (b). and (c). 18. CAUSE OF DEATH Lenter only one cause per line for (o). (b). and (c). 18. CAUSE OF DEATH MAS CAUSED BY. 19. IMMEDIATE CAUSE (o) 19. DUE TO 19. Conditions, if any, which 19. DUE TO 19. Conditions, if any, which 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PEEFORMAED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PEEFORMAED? 200. ACCIDENT WAS UNDERLYING 200 DEATH 10. 21. CEPTIFY Month. Doy, Year Month. Doy, Year More with a deceased from 19. In or while of work and wo	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDU	7		12.CITIZI	EN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (17. INFORMANT) (18. CAUSE OF DEATH (Enter only one course per line far (o), (b) and (c)) (19. PART I. DEATH WAS CAUSE BY (19. DUE TO (19.		acce with	The same of the sa	1		
The contribution The properties of the properties 120 0.37 1569 (inthe tribulation of the properties of the proper	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	MME		
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saw the deceased alive an 19 and that death occurred at M, from the couses and on the date stated above 22a SIGNATURE ATTENDING MED. 22b DATE SIGNED 22c PHYSICIAN'S NAME (Type) 22d ADDRESS 22d ADDRESS 23d BUR A., CREMATION, 23b DATE THEREOF TEMOVAL (Specify) 23d BUR A., CREMATION, 23b DATE THEREOF TEMOVAL (Specify) 23d LOCATION (City, town, or county) 23d LOCATION (City, town, or county) 23d LOCATION (City, town, or county) 23d FUNERA, DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR'S S GNATURE	O 20c TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. Hour o. m. 19 While at work [Not while fo			(Co	ounty) (State)
220 SIGNATURE ATTENDING MED DIRECTOR STAFF SIGNED 220 PHYSICIAN'S NAME (Type) 221 ADDRESS 222 ADDRESS 223 LOCATION (City, town, or county) Stafe SIGNED 224 LOCATION (City, town, or county) Stafe SIGNED 225 DATE SIGNED 226 DATE SIGNED 227 ADDRESS 228 ADDRESS 228 ADDRESS 238 LOCATION (City, town, or county) Stafe SIGNED 228 DATE SIGNED 229 ADDRESS 230 LOCATION (City, town, or county) Stafe SIGNED 230 LOCATION (City, town, or county) SIGNED 231 LOCATION (City, town, or county) SIGNED 232 LOCATION (City, town, or county) SIGNED 233 LOCATION (City, town, or county) SIGNED 234 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR'S S GNATURE	21. I certify that (I) (this haspital) attended	d the deceased from		/ i.to		_, that (I) (we) last
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And the second s		23c. NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town, or county)	(Stote)
	AMERICA MARIO, 1/01	ANTICULE THE	acrused a	XILLY 149	THE PERSON AND A CO	A ATTO
	CO Heldres Sonature	Pro A.		- 1.		4 .



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If Institution: Residence belore admission a. COUNTY a. STATE **b.** COUNTY b. CITY OR TOWN (if outside corporate limits, the sth MARYLAND c. CITY OR TOWN (If outside corporate timils, write RURAL and give nearest town) "0 E. LENGTH OF STAY IN 15 da de write RURAL and give nearest town) DERICK .⊑ REDERICK Pages urs afte filled e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES X NO 3. NAME OF 4. DATE Middle Last Month DECEASED OF (Type or print) DEATH 196/ DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX COLOR OR RACE TO MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED I 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Giva kind of work 106, KIND OF BUSINESS OR INDUSTRY done during most of wasking I fe, even if ratired) 6. S.A. MARYLAND 13. FATHER'S NAME attending pre and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, (Yes, no. or unknown) (Ifyas give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for lat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III WAS AUTOPSY PERFORMED? NO F 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or lown) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. al work at work remou 21. I certify that (1) (this hospital) attended the deceased from, .., and that death occured at. saw the deceased alive on 22b. DATE 228. SIGNATURE ATTENDING STAFF PHYS. SIGNED DIRECTOR PHYS. M.D. FUNERAL 234 ADDRESS 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, (Stata) 23a. BURIAL, CREMATION, REMOVAL (Specify) 8. d OH VR A15 (4) 15M 9/60 Cirthun & Her

MARYLAND STATE DEPARTMENT OF HEALTH



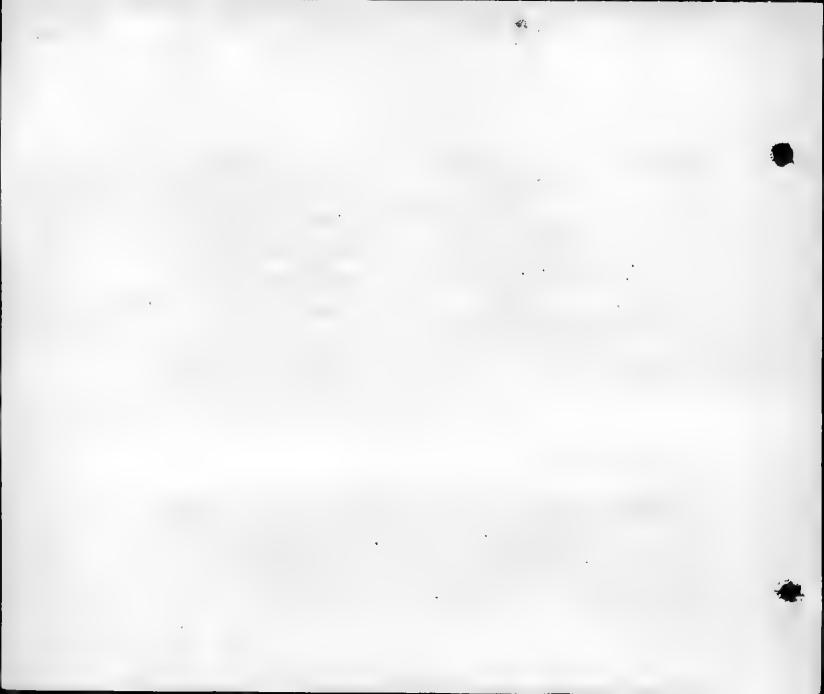
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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1	1 P	COUNTY COLUMN T	MARYLAND	o STATE	here deceased lived. If institut b. COUNTY	ion: Residence before admission)
	b	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write I	RURAL and give nearest town)
		rince Frede ick		Y A	nutural	1
	d	NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
1		Calvert Co.	7+020.		- · · · · · · · · · · · · · · · · · · ·	YES 🖸 NO 🗌
	3. N	IAME OF First	Middle	Lost	4. DATE Mo	and the second
		Type or print) fully	и	Rice	DEATH	29 1961
	S. S	6. COLOR OR RACE 7. MARR	IED 🗍 NEVER MARRIED 🔄	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
		M. C. WIDOWE	D DIVORCED	00-120	55" yrs.	
	10a.	USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Form Natorer		mo	ryland_	Lu S.A.
	13	ATHER'S NAME	,	14. MOTHER'S MAIDEN	NAME '	
		alexander. R	uce	mary	K. Jums.	
)	TS.	WAS DECEASED EVER IN U. S ARMED FORCES? 16 no.] or unknown) (If yes gave wor or dotes of service)	SOCIAL SECURITY NO. 17	NFORMANT	Add	dress .
				John Ri	a North	epulle, M.L
		18. CAUSE OF DEATH [Enter only one cause per Ju	ne far (a), (b), and (c),]	1		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	relead /	Lunchung		
		443 X DUE TO	/, =	0		
		Conditions, if any, which	1 mollinon	CU 5/7.		
		gove rise to immediate DUE TO	11			
	_	lying couse lost. (c)	•			
	S S	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GI	YEN IN PART I(6) 19. WAS AUTOPSY PERFORMED?
	Š					YES NO
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 20b. DESI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature af injury in	Port I or Port II of Item 18)	
	MEDICAL			LACE OF INJURY (Hame, fare		(Caunty) (State)
	WED	Hour a.m While at war	IADI AMIIR	cory, sireer, direct plog., er		
		21. I certify that (I) (this haspital) attend	led the deceased from	Con 17. 10	2 -10/24 27	19, that (I) (we) last
		saw the deceased alive on the			Can I was	nd an the date stated above.
1.00		220 SIGNATURY	- Talla lila	, , , , , , , , , , , , , , , , , , , ,		22b DATE
1		Michalan		M D PHYS D	MED STAFF DIRECTOR PHYS	SIGNED
		22c. PHYSICIAN'S NAME (Type)	11126778	22d. ADDRESS	CY	
		Yarcine Yarcire	meeff (-) / he nou	<u></u>
	23a	BURIAL CREMATION, 235 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town,	or county) (State)
		REMOVAL (Specify)	Brook	s-	mutual,	-md
À	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		0 104	STRAR'S SIGNATURE
1		P. E. Sawell free	ice Frederi	CK DATEE	3 6 '61 Out	lung S. Frank
	_					



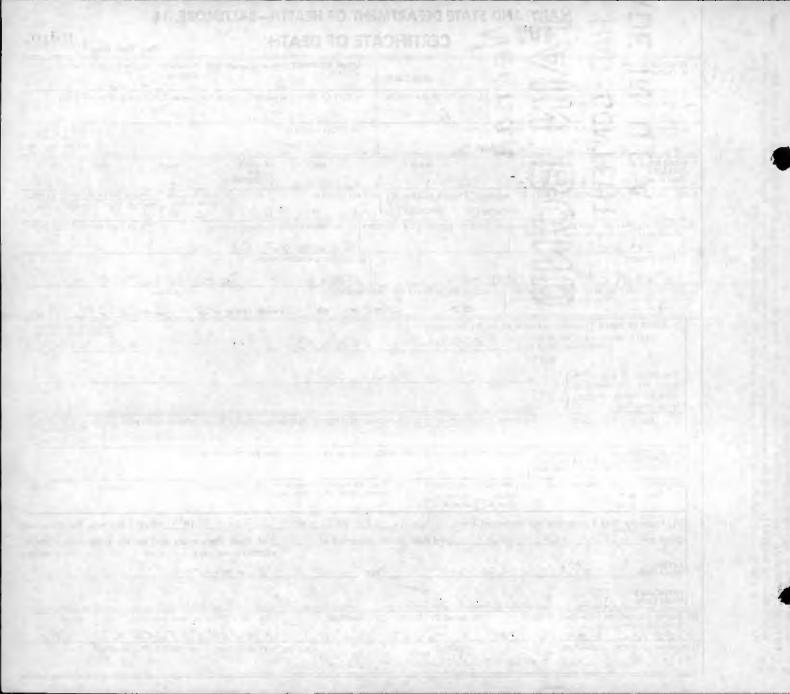
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3e 4		UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled they the funeral director,	with	
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10SPT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4		the fr	shoul	
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∓ to		r the	The T	registrar prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.
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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT OF HE	ALTH-BALTIMORE, 18
407	CERTIFICATE OF DE	ATH

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Reg.	Dist.	No.	U	U	불	U	0

)1.	PLACE OF DEATH O. COUNTY CAUVERT	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution b. COUNTY	Residence before	odmission)
7	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RINCE FIRE DERICAL d. NAME OF HOSPITAL (If not in hospital, give street	c. LENGTH OF STAY IN 16	X BARSTO	de corporate limits, write RUI	RAL and give neares	
4	ALVERT COUNTY	MD.	d. STREET ADDRESS			IS RESIDENCE ON A FARM? ES NO 27
3.	(Type or print) VICKIE	LYNN S	IMINONS 4	DATE Month OF DEATH JAN		Yeor 196/
	/= W WIDON	WED DIVORCED	S. DATE OF BIRTH	lost birthdoy) yrs.	Months Days H	UNDER 24 HRS.
L	to USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	CALVERT	Co. Mo	12. CITIZEN OF	WHAT COUNTRY?
L	JACK W. SIMI	NOVS	14. MOTHER'S MAIDEN NAM	BUCKMA	STER	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (1) yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17. II	ICK W. SI	MMONS - B	BARSTON	V. Mo.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-	Cerpully	Distress-/	Hyalun me	ONSET	AL BETWEEN AND SEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT				WAS AUTOPSY PERFORMED? ES NO
MEDICAL CE			ACE OF INJURY IHome, form, lary, street, office bldg., etc.)	20f. (City or lawn)	(County)	(Stote)
	21. I certify that I attended the decedalive on 1900 ACTUAL SIGNATURE PHYSICIAN'S R. de VILLA	and that death	D	A, from the causes and MESS (Street, city or town, ste		
23	BURIAL CREMATION, 226. DATE THEREOF BEMOVAL (Specify) BURIAL JAY. 12, 196, FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OF St. Pauls - Dureteral	CEM. X	B. LOCATION (City, town, or PINCE PRED) REGISTRAR, 24b. REGIST	FRICK,	(Stole)
23	J. Washing Vern	- mutual	Jan JAN			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

e. IS RESIDENCE

30

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO V

(County)

M, from the causes and an the date stated above.

25b. REGISTRAR'S SIGNATURE

CALUERT

_, that (I) (we) last

(Stote)

22b. DATE **SIGNED**

(Stote)

9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min

ON A FARM? YES NO

Yeor

1961

b. COUNTY

4. DATE

OF DEATH

CO-MO

20f. (City or town)

23d. LOCATION (City, town, or county)

DIRECTOR

CERTIFICATE OF DEATH With PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE filed MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe Pe RURAL and give negrest-town) should FREDERICK d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF DECEASED campletely filled (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DIVORCED | WIDOWED | papers. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) HELPER puo pou 2 13. FATHER'S NAME physician 200 гетоме 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending pleose 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which been signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse last, physician burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY emation, hos 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] certificate OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month, Dov. Year foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that (1) (this haspital) attended the deceased from Jun 3 6 and 30 1961, and that death accurred at 0 saw the deceased alive an... DIRECTOR: 22o. SIGNATURE M.D. PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) ARREMZ TO FUNERAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. BURIAL, CREMATION, page the Str REMOVAL (Specify) MIDPLE HAM CHAPE 250, REC'D BY REGISTRAR SON - MUTUAL, MD.

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